∞nccc×ν.				
Required under	r the Missouri State immunizationish schools.	on law (Section 167.18	1, RSMo) of children	attending public, private, and
We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child's friends and their families, classmates, neighbors, and community.				
immunized and tl within a particula	Idren have a greater risk of contracting hose who cannot be immunized due or facility, children who are not fully in school or day care until the local hear	to medical conditions. In nmunized or do not have	the event of an outbreak documented laboratory	of a vaccine-preventable disease evidence of immunity shall not be
THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)			
SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATIONS VIOLATE MY RELIGIOUS BELIEFS:				
☐ DIPHTHERIA	☐ HEPATITIS B	□ MMR	☐ PERTUSSIS	□ POLIO
☐ TETANUS	☐ VARICELLA	□ OTHER		
PARENT/GUARDIAN NAME (PRINT OR TYPE)		PARENT/GUARDIAN SIGNATURE		DATE

MO 580-1723 (4-12) Imm.P.11A